

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX284801**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION

NAME (LAST - FIRST - M.I.) KONIOR, SCOTT N	
STAR NO. 14328	POSITION POLICE OFFICER
DATE OF APPOINTMENT 25-OCT-2004	EMPLOYEE NO. [REDACTED]
UNIT OF ASSIGNMENT 313	BEAT/CALL NO. 1462C
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE
DOB [REDACTED]	
HEIGHT 600	WEIGHT 185

INCIDENT INFORMATION

<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
ADDRESS OF OCCURRENCE 1537 N TALMAN AVE	
CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
LOCATION CODE 290-RESIDENCE	BEAT OF OCCURRENCE 1423
DATE OF OCCURRENCE 01-JUN-2014	TIME 01:34:00
DAY OF WEEK SUNDAY	
NO. OF OFFICERS BATTERED 5	
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 30	

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input checked="" type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER	WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____
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MANNER OF ATTACK

<input type="checkbox"/> 01. SHOT
<input type="checkbox"/> 02. SHOT AT
<input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
<input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
<input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

(Check all that apply):	
<input type="checkbox"/> A. FIREARM CALIBER _____	<input checked="" type="checkbox"/> D. HANDS/FISTS
<input type="checkbox"/> 1. REVOLVER	<input type="checkbox"/> E. FEET
<input type="checkbox"/> 2. SEMI-AUTOMATIC	<input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)
<input type="checkbox"/> 3. RIFLE	<input type="checkbox"/> G. VERBAL THREAT (ASSAULT)
<input type="checkbox"/> 4. SHOTGUN	<input type="checkbox"/> H. OTHER (SPECIFY) _____
<input type="checkbox"/> B. VEHICLE	
<input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE	
<input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE	
<input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT	

TYPE OF ACTIVITY

<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input checked="" type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 5.0/12-3.05-D-4-AAG BATTERY/PEACE OFFICER <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER
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IUCR CODE **BATTERY - AGG PO HANDS**
NOMIN INJURY

FIREARM USE INFORMATION (Check all that apply):	
<input type="checkbox"/> A. OFFICER AT GUNPOINT	
<input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED	
<input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	

OFFENDER INFORMATION

SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DOB 26-JUL-1951
CB NO. 18905557	IR NO.	

TYPE OF INJURY TO OFFICER

<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE
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WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?		GANG RELATED?	
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 1. YES	<input checked="" type="checkbox"/> 2. NO
<input type="checkbox"/> 3. UNKNOWN		<input type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? 30			

LIGHTING CONDITIONS AT INCIDENT

<input type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK
<input type="checkbox"/> B. NIGHT	<input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT
<input type="checkbox"/> C. DAWN	<input type="checkbox"/> 1. POOR
	<input checked="" type="checkbox"/> 2. GOOD

WEATHER CONDITIONS

<input checked="" type="checkbox"/> A. CLEAR	<input type="checkbox"/> D. FOG / SMOKE / HAZE	<input type="checkbox"/> G. OTHER
<input type="checkbox"/> B. RAIN	<input type="checkbox"/> E. SLEET / HAIL	
<input type="checkbox"/> C. SNOW	<input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: 60°F		

LOG# 1081170
Attachment 1B

REPORTING MEMBER - SIGNATURE
KONIOR, SCOTT N

STAR NO.
14328

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MULKERIN, MICHAEL J 713